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EXPERIENCE IN HOMŒOPATHY.

[Communicated for the Boston Medical and Surgical Journal.]

IT is frequently asserted by the advocates of homœopathy, that physicians of the regular system are so prejudiced against innovation, and so wedded to long-established, routine habits of practice, that they are less inclined to investigate the wonderful philosophy of Hahnemann, than they have generally been to consider the theories of the great reformers who lived before him; that many of the wealthy and intelligent of the community are the encouragers and patrons of this system; that its practitioners are as well educated in the general principles of medicine and surgery as are the "*allopaths.*"

That some physicians, much older than myself, and who have lived to see different systems of quackery arise through popular ignorance, or from a love of novelty, and fall by their own fallacy, may entertain some feeling akin to prejudice against the potency of attenuated nothingness, is not strange. The theory of homœopathy appears so unreasonable at the first view, that not many are inclined to give the time and trouble necessary to its thorough investigation. But perhaps it may claim notice from the fact that men apparently sensible upon other subjects are sometimes found among its advocates. The boasting declaration, that many of the wealthy and intelligent are the patrons of this practice, is to some extent true; but he who supposes that because a man is learned in theology, politics or general literature, his opinion upon medical subjects is worth anything, entertains very erroneous ideas.

I have had considerable personal acquaintance with homœopathic physicians; I have attended some of their medical meetings, and met them at the bed-side of the sick; and in regard to their scientific acquirements I can freely say that I do not believe one half of these gentlemen could pass the graduates' examination at

the cheapest medical college in the country. Some of them have no diplomas at all, yet they prefix the title "Dr.," or affix that of "M.D." to their names, whenever they please, and the duped public do the same, and feed them on the fat of the land, in ignorance. For about a year I have been experimenting somewhat extensively in homœopathy. I have carried with me an assortment of *allopathic* medicines (as Dr. Quack would say), and also quite an extensive assortment of homœopathic dilutions and triturations, carefully prepared, according to Hahnemann slightly Americanized. I have spent much time in reading some of their standard works, such as Hull's Laurie's Practice, Jahr and Possart's Manual, &c.; and have had the advantage of advice from members of the fraternity whenever I have wished it.

My medicines have been of the attenuations generally used by homœopathic physicians in this country—that is, from the second to the fifteenth decennial. Occasionally, I have used the second and even the first, but of these I have been taught to fear the primary effect. I have not had the patience to prepare what a distinguished Russian practitioner declared he found still too powerful, viz., the 1500th centennial. Perhaps if he had dropped one minim of this into the Baltic, the fog of that sea would have been sufficient to medicate all northern Europe for centuries.

I have given my attenuations for almost every kind of pain and ache which persons who imagine it is genteel to be out of health, could make themselves believe they possessed. I have given them in cases of actual illness, and the patients have recovered—sometimes rapidly, and I have had just as good success with what everybody will acknowledge to be perfectly inert, many times. I have seen patients, really ill, restored to health quite as quickly as any remedies could be expected to cure, who have taken only a few powders of sugar of milk or turmeric, or a few teaspoonfuls of cold water. Every man who claims to be a physician ought to know, if others do not, that many diseases are self-limited in their nature, and their duration cannot be shortened by medicines of any kind; and in such cases he who makes the recovered patient believe that his medicines or his skill has *cured* him, is either an ignoramus or a rascal.

All my homœopathic "mother tictures" and "attenuations" have been first prepared by a respectable pharmaceutist of this peculiar school, and whenever I have carried them up, the triturations have had the requisite amount of grinding, and the dilutions as many shakes as any disciple of Hahnemann could wish; always over the left arm, of course, and not under it. I have used aconite, belladonna, arsenicum, nux vomica, bryonia alba, chamomilla, &c., with a careful adaptation of each to the symptoms for which it is declared to be curative, it not being required that I should much regard the pathological condition from which the symptoms spring.

I have given aconite of different attenuations in hundreds of cases, but I have never known the pulse to be lessened, nor the coating to leave the tongue, nor the patient to exhibit any signs of improvement which I could reasonably attribute to this much-lauded febrile remedy. Any other dilution, as bryonia or nux, or even the clear alcohol, or cold water, or nothing, has been followed by just as good results.

Arsenicum, in dilution and trituration, has in my hands entirely failed to cure or even mitigate "chronic vomiting of ingesta," "burning pain in the rectum," "excessive thirst," or any other of the long catalogue of troubles for which it is recommended. I have used arsenicum in very many cases. In a distressing case of hemorrhoids, I gave the fifth dilution alternately with the third of nux vomica; in this instance, these were precisely the remedies wanted according to the best homœopathic authority I could find, but I did not perceive the least effect from them. In a case of obstinate vomiting, one of the complaints for which arsenicum is a homœopathic specific, I met with the same disappointment.

Bryonia alba does not cure pain in the joints, nor any of the thousand symptoms for which it is recommended; but, if a person who is thus afflicted continues to take it long enough, he frequently *gets well while using it*, and he and the doctor may be so highly attenuated, under the pericranium, as to think that the bryonia was curative. I have given bryonia, carefully guarding against incompatibles, in cases where, according to homœopathic teaching, it has been very plainly indicated, and have never seen the least effect from it. I have tried, with the same care, dulcamara, arnica montana, pulsatilla, capsicum, colocynthos, and about twenty other of the most commonly used homœopathic medicines. I have tried them in the high, low and medium attenuations; have given them to young and to old, and for diseases both acute and chronic, and according to the teachings of the greatest homœopathic luminaries, from Hahnemann down to the Solomons of the present day, and I have never perceived the least abatement of disease while giving them, which anybody in the medical profession, except a quack, would attribute to the medicine used. Perhaps some of the lower attenuations, taken in sufficient quantity, will produce an effect, but the dose would need to be so great that the non-medicinal vehicle would kill sooner than its scattering freight could cure. I have investigated this subject thoroughly and fairly, and with no other desire than to ascertain for myself the truth or fallacy of this strange philosophy.

I find that a few of the homœopathic physicians profess to disregard Hahnemann's theory and practice of giving infinitesimal doses; insisting that, as long as they treat disease upon the principle of *similia similibus curantur*, they are consistent homœopathists. They say they have a right to give quinine unattenuated,

for intermittent fever, or castor oil for dysentery, this being in accordance with that great law to which alone they are loyal. They bid farewell to little starch globules saturated with the fifth attenuation of the mother tincture. Unlike their brethren, they do not ask us to grind sugar of milk three hours ten times in succession, in order to render graphites or zinc capable of curing a long list of diseases. Aconite, pulsatilla and their wonderful companions, are not necessarily to receive each a hundred shakes over the left arm, in a dozen different vials, before they are suitable to relieve suffering humanity in obedience to the one only law of homœopathy. Yet these gentlemen ought to be aware that the theory of high attenuations was the main pillar of Hahnemann's doctrine, and almost the only thing in which he was original. Why, then, do they claim to be his disciples? Why do they celebrate his birthday with feasting and speech-making? Why this loud cry about the great value of his discovery? Why are their pharmacies filled with the attenuations, from the third to the twentieth, and higher? The idea of curing disease upon the principle of *similia similibus curantur* did not originate with Hahnemann, but the distinctive feature of his philosophy was the declared potency of attenuated medicines; and this idea has been insisted upon by almost every homœopathic teacher since his day. Laurie's Homœopathic Practice, which is found in the library of nearly every homœopathist, and which is generally regarded by them with as much favor as the regular profession attach to Watson's Lectures or Wood's Practice, says, in speaking of Hahnemann's thirtieth centennial attenuation: "However absurd the first view of these infinitesimal attenuations may appear, it is not the less true that even the thirtieth, far from having lost all efficacy, often shows itself too energetic." The consistency of those who pretend to be disciples of Hahnemann while they deny his cardinal doctrine, is as great as their wisdom in attempting to cure all diseases, indiscriminately, upon the principle of *similia similibus curantur*.

I know every battery and every breastwork in the citadel of homœopathy. I have been within, and examined its frail structure, and I have tried to manage a gun, but I found the little while balls poor instruments of warfare. I have no doubt that the present popularity of this system of quackery results in a great measure from the too limited qualifications of members of the regular profession. There are men who have passed the meridian of life, and whom the public regard as veterans amongst us, who have hardly kept pace with the improvements the profession has had the advantage of since they commenced practice, and whose qualifications would not shine compared with those of graduates of the present day. There are also younger men amongst us, whose leisure time is devoted to less useful purposes than trying to search out the hidden mysteries of our noble science. If regular physicians

everywhere, old and young, would not place too much reliance upon the great facts which former generations have taught us, but would delve deeply into the mine of knowledge, they would bring up golden truths, which would do honor to our profession and benefit the community—and the popular zest for anything that is new in medicine, however absurd, would, to a great extent, be changed to a proper appreciation of the demands of learning. It is true that there always have been, and there undoubtedly always will be, different systems of quackery rife in the world. This is the unavoidable result of the limited amount of intelligence possessed by the great mass of people in the lower walks of life; but when physicians are always honorable and frank in their intercourse with the public, and truly progressive and scientific, they will feel the dignity of their position and be able to keep at bay every system of medical delusion. HENRY KING.

Warwick, R. I., May 23d, 1857.

DR. EDWARD BROWN-SEQUARD'S EXPERIMENTAL AND CLINICAL RESEARCHES APPLIED TO PHYSIOLOGY AND PATHOLOGY.

[Continued from page 437.]

A SLIGHT increase of reflex excitability is not sufficient alone for the production of epileptic seizures. It often coincides with great weakness, as is the case in old people, in convalescents, and in persons who have lost a great deal of blood. In all these cases, reflex movements take place easily under the influence of emotions, fright, or even a sudden noise. Many excitable, though healthy men and women have reflex spasms in the act of coition—hence the name given to this act by Sennert, *epilepsia brevis*.

It is very probable that the reflex excitability, or the reflex force, of the nervous centres is extremely considerable in those persons who have fits of epilepsy for the first time, caused by a slight blow, or some ordinary moral excitement.

We shall not examine what are the parts of the cerebro-spinal axis in which there is an increase of reflex excitability, because what we have said above of the seat of epilepsy shows what are these parts, their seat being nothing but that of the increased reflex excitability, or, in other words, epilepsy consisting chiefly in that increased excitability. If it were proved that epilepsy sometimes exists only because the force of the reflex property is increased, its excitability being normal, we should have to admit that the seat of epilepsy is in almost the whole length of the cerebro-spinal axis, because, as we intend showing elsewhere, the force of the reflex property increases or decreases everywhere at the same time.

We must say, that although we admit that fits of epilepsy depend

ordinarily on an increased reflex excitability, frequently combined with the existence of some special kind of irritation originating in the skin, in the mucous membranes, &c., we admit as *possible*, that without any increase of excitability, certain irritations on some parts of the encephalon may produce fits of epilepsy. We well know that the least puncture with a needle or pin of the *processus cerebelli ad pontem*, and, as I have found, of the auditory nerve, and of certain parts of the medulla oblongata, in mammals, is sufficient to produce fits of a peculiar kind of epilepsy, in which the animal rotates around the longitudinal axis of its body, in consequence of the convulsions. In man this kind of epilepsy has been frequently observed, and as the phenomena are the same as in animals (except as regards the duration of the fit, which in man is short, while in animals it lasts *usually* as long as life), it may be that the rotary convulsions have been produced, although there was no increased reflex excitability, in man as it is in animals.

Many discussions have taken place among physicians concerning the first phenomenon of a fit of epilepsy. We are, however, yet to know which of the epileptic phenomena is most frequently the first. Is it the paleness of the face, as Prof. Trousseau and others believe? Is it a spasm of the larynx, as was admitted by Dr. Marshall Hall? Or is it the loss of consciousness? We think there is no doubt that either of these phenomena may be the first, but we do not know which is most commonly the first. They may take place at the same time, and in some cases they may be entirely missing, or exist only after other phenomena.

Among the most interesting of these, ordinarily first phenomena, is the paleness of the face. Delasiauve (*Loco cit.*, pp. 56, 60, 66 and 77), considers it as extremely frequent in all kinds of attacks, from the simple slight absence of mind to the most complete epileptic seizure. Trousseau and Bland Radcliff (*London Medical Times and Gazette*, March, 1856, p. 303–304), are inclined to consider it as a constant symptom, and also as the first one. This paleness has not been explained. We consider it as a most interesting symptom, as it leads to a very probable explanation of the loss of consciousness in epilepsy. After Prof. Claude Bernard had discovered that the section of the cervical sympathetic nerve is followed by a dilatation of the bloodvessels of the face, I found that when this nerve is irritated by galvanism there is a contraction of these bloodvessels, and I explained the facts discovered by the eminent French physiologist and by myself, by considering the sympathetic as the motor nerve of the bloodvessels of the face. I found, also, that the branches of the sympathetic nerve which animate the bloodvessels of the face, originate from the spinal cord with the branches of the same nerve going to the iris. (See my *Exper. Researches in Physiol. and Pathol.*, 1853, p. 9–10, and p. 75; and the *Medical Examiner*, Aug., 1852,

p. 489.) The theory I then proposed has been almost universally admitted. We have in this theory an easy means of explanation of the paleness of the face in epilepsy. When the excitation takes place in the spinal cord and the basis of the encephalon, which gives rise to the fit, the nerve-fibres which go to the head are irritated, and produce a contraction of its bloodvessels. Of course this contraction expels the blood, and, in consequence, the face becomes pale. Very often another effect, depending on the nerve-fibres of the cervical sympathetic, is produced—the dilatation of the pupil. But the reverse sometimes takes place—a contraction of the pupil occurring, instead of a dilatation. This last phenomenon is easily explained by admitting that the excitation in the nervous centres takes place near the origin of the third and fifth pairs of nerves, and not of that of the cervical sympathetic, as is the case when the pupil dilates. The paleness of the face, and the dilatation of the pupil (when it exists), soon disappear, chiefly in consequence of the obstacle to the venous circulation in the head, and of the state of asphyxia. The cause of the obstacle to the return of blood from the head is not only the contraction of the muscles of the neck, as Dr. Marshall Hall seems to think, but also in the state of the chest. Dr. Russell Reynolds (*Diagnosis of Diseases of the Brain, &c.*, 1855, p. 176) says that he has observed many cases in which the muscles of the neck were quite flaccid, notwithstanding the darkness of the face, and the leaden hue of the body generally.

Among one of the first symptoms of the fit, and as a cause of the cry, there is a spasm of the laryngeal muscles, and a contraction of the expiratory muscles. This contracted state of the chest acts on the heart so as to diminish the force of its beatings, as is the case in the experiment of compressing the chest, made by E. Weber and others, and it acts on the veins, in preventing the circulation in them. Although compressed, and unable to beat freely, the heart quickly recovers an apparently great strength; the blood, losing its oxygen and becoming black, acts as a powerful irritant upon the central organ of circulation, so that palpitations, sometimes very violent, occur. Nevertheless, the pulse often remains weak, because the quantity of blood sent to the arteries by the heart is smaller than usual, on account of the obstacle to the venous circulation.

We think that at nearly the same time, when the origin of the branches of the sympathetic nerve going to the bloodvessels of the face receive an irritation in the beginning of a fit of epilepsy, the origin of the branches of the same and of other nerves, going to the bloodvessels of the brain proper, also receive an irritation. A contraction then occurs in these bloodvessels, and particularly in the small arteries. This contraction expelling the blood, the brain proper loses at once its functions, just as it does in a com-

plete syncope. Now, as it has been well proved by the researches of Kellie, of Abercrombie, of John Reid, of Henle and of Foltz, that the quantity of liquid in the cranio-spinal cavity cannot change suddenly, it results, that if there is less blood in the brain proper there must be more in the basis of the encephalon and in the spinal cord. In consequence of the impediment to respiration, the blood sent to the encephalon, as well as to other parts of the body, contains but little oxygen, and is charged with carbonic acid, so that the large quantity of blood accumulated in the basis of the encephalon (the medulla oblongata, the pons Varolii, the tubercula quadrigemina, &c.), and in the spinal cord, is endowed in a high degree with the power which I have shown that such blood possesses, *i. e.*, to excite convulsions. It may be, as Henle has supposed, that the basis of the encephalon is then excited to cause convulsions in consequence of the pressure exerted upon it by the accumulation of blood. The spinal cord, also, in all its length, is then excited to produce convulsions by the blood which circulates in it. The grounds on which I base these views are the following.

1st. There is, in the beginning of a complete fit of epilepsy, an irritation of the parts of the nervous centres from which originate the nerve-fibres of the bloodvessels of the brain, and therefore there ought to be a contraction of these vessels. The cervical sympathetic nerve contains not only the nerve-fibres which cause a dilatation of the pupil, and those which produce the contraction of the bloodvessels of the face in the beginning of a fit, but also the nerve-fibres of the bloodvessels of the brain. Prof. Claude Bernard (*Mémoires de la Soc. de Biologie*, for 1853, p. 94) has found that when the cervical sympathetic nerve is divided on one side, the temperature of the brain is increased in the corresponding side. We have shown that this elevation of temperature depends upon the circulation of a larger amount of blood, which is the consequence of the paralysis of the bloodvessels, due to the section of their nerve-fibres. Some experiments of Donders, and of his pupil, Van der Beke Callenfells, have also shown the influence of the sympathetic on the arteries of the pia mater (see Donder's *Physiologie des Menschen*, Leipsic, 1856, p. 138 and 140); they have seen these arteries contract when the sympathetic was irritated.

2d. We have said that we consider as reflex the convulsions of epilepsy, whether they depend on centric or eccentric excitations. The contractions of the bloodvessels of the brain and face in a fit of epilepsy are also reflex. We have proved elsewhere (see my *Exper. Researches in Physiol. and Pathol.*, 1853, p. 34) that bloodvessels may contract by a reflex action, as well as muscles. In experiments with our distinguished friend Dr. Tholozan, Professor at the Military Medical School of Paris, we have found that the bloodvessels of one hand contract, by a reflex action, when the sensitive nerves of the other hand are irritated by being ex-

posed to the influence of water at the freezing point. Schiff (*Comptes Rendus de l'Acad. des Sciences*, vol. xxxix., 1854, p. 509). Donders (*loc cit.*, p. 139), myself, and more recently M. Vulpian (*Gaz. Méd. de Paris*, 1857, p. 18), have found that the bloodvessels of the ear in rabbits contract by reflex action, when the central part of the divided auricular nerve is irritated. I have found, besides, that the splanchnic nerves and other branches of the sympathetic have a reflex action on the bloodvessels of the heart. (See my paper, *Recherches Expérim. sur la Physiol. et la Pathol. des Capsules surrénales*, 1856, p. 30.) All these facts establish beyond doubt that the bloodvessels as well as muscles of animal life may contract by a reflex action. In a seizure of epilepsy, therefore, the bloodvessels of the brain proper, those of the face, the muscles of the neck, of the larynx, &c., may contract by a reflex action, either separately or at the same time.

3d. To say that an explanation is a good one because we do not know or because we cannot imagine any other one, is an argument which rarely has any value; but when the explanation is not only possible, but also rendered very probable, as is the case with our theory of the loss of consciousness in epilepsy, it is an argument of a positive value that no other theory, except one or two having many facts against them, has been proposed heretofore.

4th. It might be objected to the explanation we propose, that the loss of consciousness is too rapid to be due to a contraction of bloodvessels. There is a fact which answers peremptorily this objection; it is, that when the cervical sympathetic is irritated by a powerful electro-magnetic current, the contraction of the bloodvessels of the face, and particularly of those of the ear, is almost immediate, and so considerable that many of the small arteries seem to expel completely their contents. Now, as everybody knows that even a diminution in the supply of blood to the head, as in ordinary syncope, is sufficient to produce an immediate loss of consciousness, *a fortiori* is it so if the nerve-fibres, irritated in the nervous centres, produce a contraction in the bloodvessels of the brain proper.

5th. As we see that the bloodvessels of the face, after a contraction of very short duration, dilate and become turgid, it might be asked if it be not so with the bloodvessels of the brain proper, and why, in that case, there is no return of consciousness when the blood returns in the dilating bloodvessels. We answer that it is probable that the cerebral bloodvessels dilate, like those of the face; but that when this dilatation takes place, the blood which then reaches the brain does not contain oxygen enough, and is charged with too much carbonic acid, to be able to regenerate the lost function of this organ. It is only when the respiration has become almost completely free, that the functions of the brain re-appear.

6th. It might be objected, also, that the theory does not explain

why the nerve-fibres going to the bloodvessels of the brain proper are excited, while those of the bloodvessels of the base of the encephalon are not. The theory has not to explain this difference; *it is a fact* that the action of the brain proper is lost, while the action of the basis of the encephalon is very much increased, during a fit of epilepsy; and all that the theory has to do is to explain the loss of action in one part, and the cause of increased action in another. However, we may add that if the bloodvessels of the base of the encephalon are not excited to contract, it is, according to all probability, because their nerves originate in another place from those of the cerebral bloodvessels; and as we know that the nerves going to certain muscles are excited in the beginning of a fit, while others are not, we may understand easily that the same thing exists for the nerves of the various encephalic bloodvessels.

7th. As regards the influence of blood charged with carbonic acid on the nervous centres, we will refer to our often-quoted work (p. 80, and p. 101–124); and we will merely say here that we have found that the injection of blood charged with carbonic acid into the carotid or into the vertebral arteries, at once causes epileptiform convulsions.

8th. It might be objected that the bloodvessels of the base of the encephalon and of the spinal cord ought to be excited to contract by two causes after the fit has lasted some time; the first cause being the excitation of all the parts of the cerebro-spinal axis in which there is blood charged with carbonic acid, and, consequently, the excitation of the nerves of the bloodvessels of the basis of the encephalon, because these nerves take their origin somewhere in those excited parts of the cerebro-spinal axis; the second cause being the direct excitation of the smooth muscular fibres of the bloodvessels of the encephalon by the blood charged with carbonic acid. Now if the bloodvessels contract, whether it is on account of the first or of the second cause, or of both, it seems that the fit ought to be diminished at once. But in the first place, it is probable that the bloodvessels contract irregularly, some at one time, some at another. In the second place, blood charged with carbonic acid, after its first action (which is an excitation) has a secondary action, which causes the loss of the contractility of the muscular layer of the bloodvessels. In the third place, the obstacle to the return of venous blood may cause the bloodvessels to dilate to such an extent that they cannot contract, as is the case with the heart when its cavities are too full.

LARGE CALCULUS IN THE BLADDER.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The following account of a *post-mortem* examination is at your disposal, if you think it would interest your readers.

I do not know the full history of the case, but performed the autopsy at the request of Dr. Porter, of North Brookfield, who has the stone in his possession, and who correctly diagnosticated the disease more than a year ago, but thought the patient too weak to undergo an operation with any degree of safety. The pain which the patient suffered was described as excruciating.

The subject was a man of twenty-two years of age, who had always resided in Worcester county, Mass. The body was exceedingly emaciated, but otherwise natural. Small ulcers were found in the small intestine near the cœcum; there was a tuberculous deposit in the omentum; the mesenteric glands were enlarged. The *right kidney* was about one third of the natural size; the *left* was also somewhat atrophied, and both contained pus and small gravel-stones. The *bladder* was contracted, and its walls were thickened. It contained a large pear-shaped stone, the larger end lying toward the urethra. The stone was three inches and three quarters in length; the diameter of the larger end was one inch and three quarters, and that of the smaller end three quarters of an inch. It weighed three ounces and a half.

Haverhill, Mass. ISRAEL N. SMITH, M.D.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

MAY 11th.—*Miscarriage; Unusual Length of the Umbilical Cord.* Dr. COALE showed the specimen, a fœtus seven months old. The mother had a miscarriage in August last, after a violent illness. There was at the time profuse hæmorrhage. She again became pregnant, and three months ago considered herself as four months advanced. Having made some unusual exertion, she now had the premonitory symptoms of labor, and on examination the os uteri was found dilated, and she was soon after delivered. The cord was tough, and about three feet in length, being twisted three and a half times around the neck of the child, and causing a degree of constriction which, if continued sufficiently long, must inevitably have severed the part.

MAY 25th.—*Intermaxillary Bone from a Child with double Hare-lip.* Dr. JACKSON showed the specimen. The child, which was otherwise well formed and in robust health at the time of birth, lived four months, and died probably from deficient nourishment, consequent upon the difficulty of taking food. The bone was quite projecting, and contained the four upper incisor teeth, resembling that of the lower animals.

May 25th.—*Addison's Disease of the Supra-renal Capsules.* Dr. Gould reported the following case of this disease, which recently came under his observation at the Massachusetts General Hospital; it being, as he remarked, the first within his knowledge which had been recognized in this vicinity. In view of the importance of every additional case, in making out the history of this extraordinary affection, Dr. G. gave the particulars of it, so far as he had been able to obtain them.

G. R. W., farmer, aged 44, came as passenger in an Eastern steamboat on his way to the West, for his health, May 22d, 1857. He had been very sea-sick during the preceding day and night, but had walked about the cabin in the morning. A little time afterward, he was found lying insensible in his berth, in which condition he was brought to the Hospital in the afternoon. His appearance was that of a stout, vigorous man. He lay on his back, quite helpless and insensible; breathing at irregular intervals; hiccoughing; unable to swallow; frothy saliva running from his mouth; the eyelids firmly closed, and the pupils contracted; action of the heart very rapid and feeble; pulse very weak, uncertain, and sometimes imperceptible; hands very cold, and fingers rigidly flexed.

The skin had a peculiar dusky hue, so that one person supposed that he might have had a mixture of Negro and Indian blood; while another suggested his resemblance to an unwashed collier or stoker. Within the mouth, bordering the lips, was a circle of dark spots, not livid, but apparently old discolorations. The cheeks were especially dark and lustrous, and the term *bronzed* would aptly designate their appearance. The features sufficiently indicated that the peculiar hue was not due to race; and its presence on the feet and under the clothing showed that it was not due to exposure.

As his symptoms were evidently those of prostration, no depletion was practised; nor could stimulants be administered except by inhalation. In about six hours he died.

Nothing of his history was known at the time; but subsequent to the autopsy the following particulars were obtained from the relative who accompanied him, and by correspondence with his physician. Inasmuch as neither of them had been informed of the result of the autopsy, their account was in no degree dictated by preconceived opinion.

He had been a man of great energy, strength and endurance; rigidly temperate; a farmer in summer and a lumber-man in winter; had six children, the eldest of whom, seventeen years old, weighs 180 lbs. Eight years ago he had pneumonia, leaving him with cough and copious expectoration, which kept him from work about three years, at the end of which time he had a series of boils at the epigastric region, and also a large abscess in the thyroid region, which for two weeks filled and discharged every forty-eight hours. He then recovered and resumed labor, and for the next four years was in excellent health. About a year since, he began to fail again; had loss of appetite, flesh and strength, with frequent attacks of nausea and vomiting; he had pain in the abdomen on stooping, with an irregular state of the bowels; he often had coldness, rigidity and insensibility in the fingers of both hands, lasting perhaps an hour. Dizziness came on; his memory failed, and he became listless. He could walk but a short distance, al-

though he was able to drive about in a carriage. Nothing unusual in the urinary function was noticed. He gave up work early in March. About eight months ago, a change was first noticed in his complexion, described as of a bluish cast, at times almost purple. Discoloration within the mouth was observed some weeks since. Some persons ascribed his disease to the liver, others to the lungs; but the physicians in whom he had most confidence, suspected the heart.

Sectio cadaveris, by Dr. C. Ellis. In the substance of the brain, between the lateral ventricle and longitudinal fissure, was a firm, bluish-white nodule containing considerable cretaceous matter. On microscopic examination it was found to consist of fibroid tissue. The pleural surfaces of both sides were every where united by old, white, delicate fibrous tissue. The lungs crepitated throughout; in many parts were dark-red spots like ecchymoses. The heart was rather flaccid, containing a large quantity of fluid blood, but no coagula, and there was no coagulation after its removal from the body. The liver was firmly adherent to the diaphragm; its substance normal, and dark red throughout. The spleen adhered to the diaphragm, and was rather soft. The supra-renal capsules were surrounded by fat, which was separated with difficulty from their external surface. That of the left side was much thicker than usual, very firm, and of a bluish-white color, though much of it was occupied by soft, yellow deposits resembling tubercular matter, or concrete pus. The deposit consisted of minute globules or granular corpuscles, varying in size from those of tubercle to those of pus. The firm, bluish-white substance consisted of fibrous tissue. The right capsule was smaller than usual, though thicker at one part, and nowhere flat, as in the normal state. Its appearance, on section, was the same as in the other capsule, but the disease was much less extensive. The other organs were normal.

Of the symptoms mentioned by Addison, as characteristic of the disease, we have above, from independent and unprejudiced sources, nearly every one. We have bronzed skin, debility with moderate emaciation, anemia, dyspepsia, feeble pulse, nervous twitchings, with numbness and failure of memory. The other symptoms mentioned by him relate to the tongue, lumbar pain, the urine (which so far as known was normal), change of temper, and a peculiar odor. With regard to these, the reporters are silent, but not contradictory.

June 8th.—*Cancer of the Stomach terminating in Perforation.* Dr. Ellis showed the specimen and reported the case.

The patient, a German 50 years of age, had been under the care of Dr. Cleveland. For three or four years previous to his death he had been troubled by "indigestion," pain in the epigastrium, and obstinate constipation. During the greater part of this time he was able to perform his duties in an iron foundry; but, four or five months before the termination of the case, he was obliged to give up work, on account of a "distressed feeling" in the epigastrium. There was occasionally here some sharp, lancinating pain, but "distress" was the term generally used to express the sensation. Never any nausea or vomiting, unless excited by purgative medicine. No tenderness. The rigidity of the abdominal muscles was very great. About ten days before his death the abdomen enlarged, and he became generally anasarcous. No symptoms were at any time noticed, which indicated perforation and peritonitis.

Sectio Cadaveris.—At the examination, the abdominal parietes were extremely tense. On puncturing them, air escaped with great rapidity. The peritoneal cavity contained three or four gallons of serum, pus and lymph, the surface being, in many parts, smeared with the latter. The intestines were reddened, and loosely glued together, the products of inflammation being evidently quite recent.

At the upper part of the anterior wall, near the pylorus, was a round opening three or four lines in diameter, with a smooth and very thin margin. Through this the dark-brown contents of the stomach were seen to issue. No trace of adhesions to the neighboring parts. In the last two inches of the pyloric portion of the stomach was a yellowish-white encephaloid deposit, with which the walls were more or less extensively infiltrated, the disease extending for a short distance into the duodenum. The maximum thickness of the part affected was from three to four lines. Just within the pylorus was an ulcer an inch and a half in diameter, with a dark slate-colored base, in which the opening previously described was seen. The parietes for a short distance around it were extremely thin. The mucous membrane of the stomach elsewhere was sufficiently healthy.

The lungs, lumbar glands and liver also contained encephaloid growths, the deposit in the last two being very large. A small amount of the same was found in the vena cava, and one of the large trunks opening into it.

The case was thought interesting on account of its termination, and as an instance of cancerous disease of the pyloric portion of the stomach, without nausea or vomiting.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 16, 1857.

DR. FELL'S CURE FOR CANCER.

A NOVEL proceeding at one of the London hospitals has been for some time the subject of comment by the English medical journals, particularly by the *Lancet*, which condemns, in terms of much severity, the conduct of those concerned in it. It seems that a Dr. J. WELDON FELL, "of the University of New York," has within a year or two acquired considerable notoriety in London as a curer of cancer by a secret method. The fame of this coming to the ears of the Board of Governors of the Middlesex Hospital, they invited Dr. Fell, with the concurrence of the surgeons of the Hospital, "and in compliance with the desire of the benevolent founder of the Cancer Establishment of the Middlesex Hospital," to make a trial of his "method" upon the patients affected with cancer in that institution. The terms were, that Dr. Fell should, *in confidence*, communicate to the surgical staff the nature of the remedies used by him and the mode of employing them, and that he should publish full particulars of the same within a period of six months, the surgeons reserving the right to do so themselves, in case of failure on the part of Dr. Fell to comply with this condition. We would here remark, that although Dr. Fell boasts that

his consulting rooms have been open every Tuesday to the medical profession, for the purpose of exhibiting his method of treatment, the remedies employed were carefully concealed; "even a *hospital* analysis"—we quote his own words—"failed to detect the vegetable portion of them."

It is but justice to Dr. Fell to say that the surgical staff of the Middlesex Hospital, in a report upon the result of his treatment, made March 18, 1857, speak favorably of his method, "although they regret that the limited period since the treatment in the Hospital was commenced (January 22d) prevents their coming to any positive conclusions upon certain points of great importance." They say that Dr. Fell's treatment is safe and easy of application; that it is confined to the enucleation of the tumor merely; that the patients are not confined to the bed, but can go abroad during the process; that the enucleation of the diseased mass is followed by a healthy granulating and cicatrizing surface; that although always painful, and sometimes severely so, the suffering is less than that which accompanies the action of caustics, as ordinarily employed; but that "they have not as yet had time to ascertain the average duration of the benefit conferred by the treatment, nor have they any means of knowing whether, in the event of a return of the disease, there be any difference observable from what is known to take place after excision."

In compliance with his agreement, Dr. Fell has published his "method" in a thin octavo, entitled "A Treatise on Cancer and its Treatment." In the preface he assigns as his reasons for previously withholding his secret from the public, that, "1st. Any book or paper written by a stranger, whatever information it might contain, is almost sure to be passed over with neglect. 2d. Unless the mode of preparing and applying the remedies is well understood, they might be applied in cases where they would have no beneficial effect, and thereby bring them into disrepute. 3d. It often happens that when a remedy or mode of treatment of importance has been introduced by one unknown to the profession, it has been adopted by some leading man, and in many cases the originator is entirely lost sight of." These reasons are most flimsy and inadequate. If Dr. Fell has none that are better, he would have been much wiser to have said nothing at all about his motives for secrecy. The second reason, in particular, is so entirely quackish, that we cannot help thinking it was suggested to Dr. Fell by a New York empiric in the ophthalmic line, who was largely indebted to it for his extensive and lucrative practice. The treatment employed by Dr. Fell consists in the application of an escharotic, the essential ingredient of which is the common *bloodroot* (sanguinaria Canadensis), which is stated to exercise a specific effect on cancer, not only destroying the tumor, but overcoming the cancerous diathesis, so as to prevent a return of the disease. Dr. Fell introduces this plant to the British public with a great deal of flourish, pretending to have derived his knowledge of its virtues from Indian traders, who told him that it was successfully employed for the treatment of cancer by the natives on the shores of Lake Superior. "This extraordinary plant," he says, "although unknown to civilized man as a remedy for cancer, has long been known as a powerful emmenagogue and alterative [?], and, as such, has been admitted into the Pharmacopœia of the United States; and it is a question well worth

considering to ascertain how far its connection and power over the uterine functions has to do with its influences in destroying the peculiar cancerous diathesis existing in most cases." Nothing is said by Wood and Bache about its possessing emmenagogue properties, and our readers need not be told that the plant is only used internally as a powerful emetic and expectorant; externally it is a mild escharotic, and even if it did possess a special influence over the womb, the idea of this property having anything to do with its "influences" in destroying the cancerous diathesis is simply ridiculous.

The powdered bloodroot is mixed with chloride of zinc, in proportions varying from half an ounce to an ounce of the former, and half an ounce to two ounces of the latter, made into a paste with two ounces of water and a sufficient quantity of flour. The skin over the tumor is first destroyed by nitric acid, and the paste is then applied, spread upon linen. An eschar is thus created, into which incisions are made, half an inch apart, avoiding the living tissues. The paste, spread upon strips of cotton, is inserted into these furrows daily, by which the action of the caustic penetrates through all parts of the tumor. This method Dr. Fell claims to be original with himself. An ointment containing the same ingredients is also used, and another of iodide of lead. The sanguinaria is at the same time given internally in half-grain doses, either alone or combined with the sixteenth or twentieth of a grain of the iodide of arsenic, and one grain of the extract of cicuta, in pill; or in decoction with the fluid extract of taraxacum.

With regard to this mode of treatment, we have to remark that the author almost invariably combines what is peculiar to it with other well-known remedies. If the sanguinaria is to be employed as an escharotic, it is united with the chloride of zinc, long known as the best caustic in this disease; when given internally, the patient also takes the iodide of arsenic, cicuta or taraxacum at the same time. Hence it is impossible to say how far the immediate effects of the treatment are owing to the bloodroot, or to the adjuvants employed, which are well known to possess a certain amount of efficacy in this disease.

The advantages claimed by Dr. Fell for his method are, 1st, that it removes the local disease; and, 2d, that it destroys more or less completely the diathesis upon which the local manifestation depends. He says that out of every ten cases treated by him, in only about three does the disease return, whereas the results hitherto obtained have been from eight to eight and a fraction relapses out of every ten cases. With regard to the local effect of Dr. Fell's treatment, there seems to be no doubt. The testimony of the surgeons of the Middlesex Hospital is conclusive on this point; the diseased mass is often enucleated, and a healthy-looking cicatrix is left. We presume that no one will consider this as anything remarkable. It has often been done before with caustics, and there is nothing in Dr. Fell's book which proves that the addition of bloodroot to the chloride of zinc essentially modifies the effect of that escharotic. If a healthy-looking cicatrix were the main result to be attained, it could be effected with much more ease by the knife. As to the efficacy of sanguinaria in modifying or extinguishing the diathesis upon which the local disease depends, that is a point which can only be settled by careful observation for a considerable length of time. It will not do to take Dr. Fell's

assertions for granted. Were he a high medical authority, his word would go for little, in such a question, if unsupported by facts; but when a practitioner who notoriously violates one of the highest laws of medical ethics by employing a secret remedy, asserts that he can destroy or greatly modify the cancerous diathesis, we are not only compelled to withhold our belief until the fact be demonstrated, but, on the principle of *falsus in uno falsus in omnibus*, we are led to believe that such an improbable statement is a downright attempt at imposition. Now it is a remarkable fact, that of upwards of twenty cases treated by Dr. Fell which are appended to his work, but two were patients in the Middlesex Hospital. Of these, the first after three months' treatment was not entirely well; the second was dismissed well, after upward of two months of treatment. Of the remaining patients, which were all private, one continued well seventeen months after cure, two fourteen months afterward, five one year afterward, nine less than a year afterward, and in one case the patient died from a return of the disease. It is true that Dr. Fell states that the first patient upon whom he tried sanguinaria is still living and well, fifteen years after the cure; but this case is only mentioned incidentally, and no details are given of it. These are all the facts which he gives to substantiate his assertions.

It may be said by those who attempt to excuse the conduct of Dr. Fell, that so far from keeping his remedy secret, he has published it to the world. From his own admission, however, he had been practising this mode of treatment for at least fifteen years before he divulged the secret, and as his reasons for withholding it from the profession are wholly unsatisfactory, we are compelled to believe that he was actuated by other motives than a desire to benefit mankind in imparting it at last. The case is exactly similar to that of the proprietors of the "Peruvian Syrup." In both instances, the medicines, being well known not to possess the virtues ascribed to them, must depend upon the mystery of secrecy for their success, until the confidence of the credulous part of the public is gained, after which an assumed frankness in disclosing their composition secures the admiration of another class, equally gullible. To this latter class, we are afraid, belong the surgeons of the Middlesex Hospital, and we do not envy those gentlemen the ridicule which the explosion of this bubble will cast upon them.

The value of Dr. Fell's method ought to interest every American, since one of the patients who has submitted himself to his treatment in the hope of being cured of a tumor in the orbit, of an apparently malignant nature, is the eminent sculptor Crawford, whose genius, known and appreciated throughout the civilized world, has shed so much lustre on his native land. The accounts which we have seen of Mr. Crawford's case are vague and unsatisfactory. We sincerely hope that his disease may prove not to be of a cancerous nature, and that he may be spared for the enjoyment of a long and brilliant career.

VERDICT AGAINST A LIFE INSURANCE COMPANY.

In October, 1856, Mr. H., a man of industrious habits, temperate in all things, and enjoying apparently good health, was suddenly taken at night with vomiting and severe pain in the bowels, without any obvious cause. Being the son of a physician, he resorted for several

hours to such means of relief as he deemed best, without calling professional assistance. Before morning, however, the family physician was sent for, and all the usual means, opiates, external applications, enemata, &c., were used, with but little success at first. Relief, however, was obtained; and, soon after, a somewhat protracted attempt was made to procure a free evacuation of the bowels, and with success. Within a few hours, the same symptoms recurred, and the patient died. A *post-mortem* examination of the body was made, and none of the viscera of the abdomen or chest bore marks of disease, except an apparently old contraction and adhesion to the pelvis of a short portion of the small intestine, pervious, however, and sufficient for comfortable use. The only unusual formation discovered was a small adventitious cord or ligament, of one or two lines in diameter, taking its origin on the peritoneum under the abdominal muscles, and crossing thence to the mesentery. A free fold of intestine passed under this cord, leaving room enough to pass the fingers readily around it. No strangulation existed, and no traces were found that there had been any.

In the absence of any decisive mode of accounting for death in this case, it was at first deemed probable that a more or less perfect interruption of the functions of the bowels by the adventitious cord might have produced pain, vomiting and death, but further reflection throws some doubt on this opinion. The case, however, is not reported simply for its pathological interest. A lawsuit subsequently grew out of it, which not only developed a new reason for refusing to pay the amount insured on the life of the deceased, but happily demonstrated that juries are not in favor of allowing evasive conjectures to outweigh the opinions of science.

It appeared, in evidence, that the deceased had effected insurance on his life at the office of the American Mutual Life Insurance Company, in New Haven. Payment on the policy was refused, not on the ground that the insured, or the physicians, had omitted to discover anything about him which could have been discovered, or had in any manner misrepresented anything. Insurance, it was claimed, was not made against death *which might have been* caused by the adhesion of the intestine or by the adventitious growth, or both, although the medical testimony believed both perfectly consistent with life, except by accident, of which there was no proof in this case. What the Company did insure against, did not appear. The jury were absent a sufficient time only to calculate interest on the claim, and returned into court with a verdict against the Company.

The case illustrates that no amount of care by physicians in certifying the condition of applicants for insurance will necessarily save surviving friends from the expense and distressing nature of lawsuits to obtain payment on life insurance. Does it not also demonstrate that there would be wisdom in constituting boards of directors in part of medical men? Looking back on the history of these companies, it will be found that the whole basis of the calculations on which their hoped-for success is founded, is derived from facts and observations recorded and arranged by the medical profession; that the principal safeguards relied upon by them to protect them from fraudulent misrepresentation, are in every case furnished by the same profession, and, to quote the words from a publication of this same Company,

"that the history of these organizations presents the lamentable truth that ignorance on the part of their originators and managers is the most fruitful source of misfortune." Is it not a reasonable suggestion that the one thing wanting is men in the "direction" who have made the causes of life and death the study of their life-time?

B.

Bellevue Hospital, New York.—Extensive improvements are making at Bellevue Hospital. An additional story is to be added to the main building and to each of the wings. When completed, the central building will be four stories high, with a capacious basement. The wings will be each three stories high, not including the basement. The upper story of the main building will be converted into an operating theatre and lecture room, capable of accommodating an audience of 600 persons. There will be accommodations for 1,200 patients, when the present alterations are completed; this is double the number which can now be received. A separate building of brick has been constructed for a dead-house, and contains a pathological museum and lecture-room. The hospital will be a model one, according to a description of it in the *New York Times*.

University of Louisville, Ky.—We learn that the new edifice of the Medical Department of the University of Louisville is going up, and will be completed in October, in season for the class. It will be recollected that the building of this school was destroyed last year by fire.

Health of the City.—The effects of the season are now beginning to be felt, and, combined with the results of the celebration of the 4th, have raised the mortality from 42 to 88, more than double. Of these, 14 were from casualties, and 2 were from unknown causes. Typhoid fever and cholera infantum are beginning to show themselves, each having caused 4 deaths. There were 18 deaths from consumption, 6 from scarlatina, 2 from croup. It is probable that the firing of *nine hundred* guns, and the noise which prevailed in the city throughout the day, had something to do with this remarkable increase in the number of deaths. In this way, for instance, we might account for 18 fatal cases of phthisis, instead of 8 of the preceding week.

ERRATUM.—In the last number, page 454, line 3, for "2-8 ounces" read 1-8 *ounce*.

Communications Received.—Case of Poisoning by Laudanum.

Books and Pamphlets received.—On the Nature, Treatment and Prevention of Pulmonary Consumption, by Henry M'Cormac, M D.—Report of the New Hampshire Asylum for the Insane.—A Treatise on the Anatomy, Physiology and Diseases of the Human Ear, by James Bryan, M.D. (From the Author.)—Bills of Mortality of the City of Lowell, for the year ending Dec. 31, 1856.

DIED,—In Lowell, June 23d, Dr. Henry Whiting, 35.—On the Illinois Central Railroad, June 15th, by accident, Dr. Frederick O. Leffingwell, in his 33d year, formerly of New Haven, and a graduate of Yale Medical Class of 1847.

Deaths in Boston for the week ending Saturday noon, July 11th, 88. Males 49—Females, 39.—Accident, 9—inflammation of the bowels, 2—inflammation of the brain, 2—congestion of the brain, 2—cancer, 1—consumption, 18—convulsions, 4—cholera infantum, 4—croup. 2—dropsy, 1—dropsy in the head, 4—drowned, 3—infantile diseases, 7—puerperal, 1—epilepsy, 1—typhoid fever, 4—scarlet fever, 6—homicide, 1—intemperance, 3—disease of the kidneys, 1—inflammation of the lungs, 4—marasmus, 1—palsy, 1—disease of the spine, 1—suicide (by hanging), 1—teething, 1—unknown, 2

Under 5 years, 32—between 5 and 20 years, 13—between 20 and 40 years, 27—between 40 and 60 years, 14—above 60 years, 2. Born in the United States, 56—Ireland, 24—other places, 8.

Cinchona Bicolorata.—This bark was introduced into American practice some years since, but with what success we are not informed. Dr. Carson, of Philadelphia, gives an account of it in the *American Journal of Pharmacy*, from which the following extracts are taken.

"The bark itself is described by Guibourt in the following manner: 'It is found under the form of straight quills, eight or ten inches long, completely rolled in double or single quills from half a line to three quarters thick, hard and compact, not fibrous, with a short fracture. The exterior surface is very even, of a uniform yellowish gray; the interior surface is of a deep brown or blackish color, sometimes gray, like the exterior, and then the bark does not present, in truth, the two colors, from which has originated its name. The fracture is deep orange; the taste is bitter, disagreeable, analogous to that of angustura; it has no odor. The powder has the color of that of the pale and red barks mixed.'

"It results from the experiments of Brera—1st, that the *Cinchona bicolorata*, when given in the quantity of half an ounce, cures intermittent fevers, while two ounces of the common cinchona is required. 2d, that the fevers which are cured by it rarely re-appear, which happens when Peruvian bark is employed. 3d, that it has operated with great efficacy in a pernicious cardialgic fever, with vomiting. 4th, that the small quantity in which it is used prevents it from occasioning irritation; it possesses, on the contrary, the property of allaying vomiting, as in the case cited. 5th, that when employed in intermittent fevers, with inflammatory complication, it cures the fever without augmenting the inflammation. Drs. Carminati and Palleta have employed it with the same success, and before them the physicians of Trevise, Ghirlanda, Lovadina, Mainer, Ciotic, Adami, &c.; J. Zanelti, pharmaceutist, of the same city, was the first who pointed out the distinction of this bark from ordinary cinchona."

A New Medical Journal is announced as to be published in Constantinople, under the title of "The Medical Gazette of the East." It is issued under the authority of the Imperial Society of that city, and will be published monthly. It is printed in the French language. It is a notable characteristic of the French nation, that where they send their armies they also send scientific men, who are never forgetful of their profession.—*Amedican Medical Monthly.*

Judicial Decision respecting Physicians' Fee-Tables.—Dr. John D. Hill was expelled from the Erie Co. (N. Y.) Medical Society for acting as physician to the County Almshouse at a lower price than specified in the regular tariff. In an action against the Society, the Court decided:

"1. The regulation (the tariff of prices) in question was unauthorized.

"2. It was unreasonable.

"3. It was against public policy and the law.

"4. The disfranchisement of the relator was unauthorized and illegal.

"It follows that he must be restored or recognized as a member of the Medical Society, and permitted, without molestation, to enjoy the rights and privileges of a member."

Medical Miscellany.—The *Philadelphia Medical and Surgical Journal*, instead of being discontinued, as we announced last week, comes out in an enlarged size, the July number being the first of volume V. Dr. James Bryan will continue the editor, and Messrs. Holland & Edgar are the publishers.—Dr. R. M. Huston, of Philadelphia, has been compelled, from ill health, to resign the professorship of Materia Medica and Therapeutics in the Jefferson Medical College.—Dr. W. C. Ravenel has been appointed, by His Excellency, the Governor, Port Physician for Charleston, S. C., *vice* Dr. Thomas Y. Simons, deceased.—Dr. J. C. P. Wederstrandt has resigned the professorship of Anatomy in the medical department of the University of Louisiana, and Dr. J. C. Nott, of Mobile, Alabama, has been elected to fill his place.—Professor Blackie, recently from Edinburgh, Scotland, has arrived at the University of Nashville, and will shortly enter upon his duties as Professor of Botany in that institution.—Rokitansky has just published a second edition of his *Pathologische Anatomie*; the work is said to be so completely transformed as to be irrecognizable.